
LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE (PPC)
A Select Committee of the Commission on HIV Health Services
600 South Commonwealth Avenue, 6th Floor•Los Angeles CA 90005-4001

MEETING SUMMARY

Tuesday, January 6, 2004
9:00 a.m.-5:00 p.m.

St. Anne's Foundation – Conference Room
155 N. Occidental Blvd.-Los Angeles, CA 90005

MEMBERS PRESENT

Jeff Bailey*	Vanessa Talamantes
Sergio Avina	Diane Brown*
Gordon Bunch*	Antonio Bustamante
Cesear Cadabes	Edward Clarke
David Giugni	Edric Medina
Veronica Morales*	Vicky Ortega*
Mario Perez	Ricki Rosales
Kathy Watt*	Freddie Williams
Richard Zaldivar*	

ABSENT

Chi-Wai Au
Richard Browne
Gail Sanabria
Rodolfo Zamudio

* Denotes present at one (1) of the roll calls

STAFF PRESENT

Kyle Baker	Maggie Esquivel	Elizabeth Escobedo	Gunther Freehill
Mike Jansen	Kashari Jones	John Mesta	Pamela Ogata
Sophia Rumares	Cheryl Williams	Tracey Williams	Juhua Wu

I. ROLL CALL - Roll call was conducted and a quorum is present.

II. REVIEW/APPROVAL OF MEETING AGENDA

The DRAFT January 6, 2004 meeting agenda was approved with the following correction:

- Agenda item # 12 – change from “2002” to “2003” CRAS Survey Data.
- Agenda item #16 – Joint Public Policy Sub Committee Report - delete Mark Etzel’s name.

III. REVIEW/APPROVAL OF DECEMBER 4, 2003 MEETING SUMMARY

The DRAFT of the December 4, 2003 Meeting Summary was reviewed and approved without any corrections by consensus.

IV. PUBLIC COMMENT

- **Royce Sciortino**, LAGLC, indicated he expects correspondence from the State of California announcing grants/awards in the amount of \$7,000-\$10,000 for CBOs funded (directly or indirectly by the State) to develop educational materials associated with programs for HIV Prevention. Any/all agencies interested in this funding opportunity should provide contact information to Mr. Sciortino.

V. REVIEW OF THE COMMUNITY PLANNING PROCESS NEXT STEPS

Mario Perez announced the PPC is in the midst of developing the 2004-2008 HIV Prevention Plan. The Prevention Plan is a CDC mandate.

A copy of the Los Angeles County: HIV Prevention Plan Next Steps Presentation given at the last meeting (with target dates) is included in today’s meeting packet.

Mario Perez reported the OAPP/PPC has hired a consultant to assist in the development/administration of two surveys to assist in the development of the 2004-2008 Prevention Plan.

QUESTION: When will the IRB application be submitted for “expedited review”?

ANSWER: The IRB application is scheduled to be submitted by the middle of January, 2004.

VI. REVIEW OF UPDATED EPI PROFILE

Dr. Douglas Frye, HIV Epidemiology Program, presented a Power Point Presentation titled High Risk Behaviors Among Behavioral Risk Groups in Los Angeles County. The presentation included:

- Estimates of BRG (Behavioral Risk Groups) populations
- HIV and AIDS Estimates for BRGs based on HARS (HIV/AIDS Reporting System)
- New HIV infections at State-funded Testing Sites
- Breakdown of persons living with AIDS by BRG, SPA (Service Planning Area), and Race/Ethnicity
- High Risk behaviors in BRGs
- Transgendered persons
- American Indians/Alaskan Natives

A copy of this presentation is on file.

QUESTION: Is SPA data, where the person resides or where the person was tested?

ANSWER: Residence.

QUESTION: Was the Transgender population identified through Self Reporting?

ANSWER: Yes, self identified.

QUESTION: Is it possible to extract data by age (for Transgender population from State Reporting System)?

ANSWER: It may be possible, contact Juli-Ann Carlos and Trista Bingham. to the determine feasibility of extracting this information.

VII. GEOGRAPHIC ESTIMATE OF NEED (GEN) PRESENTATION

Gunther Freehill, OAPP, presented a Power Point presentation titled Estimating Need: Geography and Planning Services.

The planning perspectives are:

- Racial and Ethnic Groups
- Gender
- Interventions or Services
- Behavioral Risk Group
- Geography

Service Planning Areas (SPAs) include:

- Public Health Services
- Area Health officer and Medical Director
- Multiple Supervisorial Districts

Key Variations Among SPAs

- Population
 - Size
 - Racial and Ethnic Groups
- Area
- Impact of HIV Epidemic
 - Historical
 - Current

What We Know

- Residence
 - At the time of HIV Test
 - At the time of AIDS Diagnosis
- Reported Racial and Ethnic Identity
- Reported Gender

- Reported Risk behavior
 - At the time of the HIV Test
 - At the time of the AIDS diagnosis

Indicators for HIV Services

- By Service Planning Area
 - The total number indicated is divided among SPAs, and represented as a proportion.
- Within Service Planning Areas
 - The distribution of a single indicator among populations within each SPA.

Summaries for Populations

- African-Americans among SPAs
- Asians and Pacific islanders Among SPAs
- Latinos among SPAs
- Native Americans among SPAs
- Whites Among SPAs

Summaries for SPAs

- Indicators by Racial and Ethnic Groups

Summaries Male – Female

- Indicators by Racial and Ethnic Groups

The purpose of this presentation is to provide information that may be helpful to:

- Identify the Indicators of HIV Need
- Assign Weights Among Indicators
- Advise on the implementation of the BRG Model
 - By Service Planning Area (SPA)
 - By Racial and Ethnic Group
 - By Intervention
 - By Gender

A copy of this presentation is on file.

QUESTION: What is the difference between HIV+ results by Service Planning Area (SPA) and distribution?

ANSWER:

QUESTION: What is the date range of the data?

ANSWER: The end of 2002.

QUESTION: Are you are available to participate in the Prevention Plan Ad Hoc Sub-Committee?

ANSWER:

QUESTION: What are the critical questions for the PPC to answer to identify the indicators of HIV need and assigning weight(s) to the indicators?

ANSWER: Analyze the different impact among different ethnic groups in different parts of the county.

QUESTION: Do you have the ability to do a qualitative review by age?

ANSWER: We have age data for AIDS cases and test.

QUESTION: Is there any BRG models that categorize by age and SPA?

ANSWER: No, we don't analyze by BRG.

VIII. PRIORITY POPULATIONS DISCUSSION

Diane Brown reported the Prevention Plan Ad Hoc Sub-Committee has three (3) motions to present to the PPC:

- Motion 1
Create a new Behavioral Risk Group (BRG) encompassing transgendered (male to female) individuals at sexual risk and/or injection drug users.

The motion was amended by **Kathy Watt** and seconded by **Vicky Ortega** to eliminate the wording “male to female” and eliminate the wording “drug”. The amended motion was placed on the floor for discussion.

The amended motion reads: Create a new Behavioral Risk Group (BRG) encompassing transgendered individuals at sexual risk and/or injection use”.

A “Hand Count” vote was taken; 13 Yes, 0 No and 4 Abstain. **Motion Pass**

During the discussion of the amended motion, **Mario Perez** suggested the group think about the wording of the BRGs/Priority Populations. For consistency purposes and completeness sake, the group may want to consider using the terms male and female (instead of women for female). If the transgendered population is included in the Priority Populations Group/BRG, the model could include a minimum of nine (9) groups:

- MSM (Men who have Sex with Men)
- MSM/F/T (Men who have Sex with Females and Transgenderers)
- MSM/IDU (Men who have Sex with Men/Injection Drug Users)
- MSF/IDU (Men who have sex with Females/Injection Drug Users – Heterosexual Men/IDU)
- MSM/T (Men who have Sex with Men Transgenderers Only)
- F/IDU (Female/Injection Drug Users)
- T/IDU (Transgender/Injection Drug Users)
- TSR (Transgender at Sexual Risk)
- FSR (Females at Sexual Risk)

▪ Motion #2

Allocate a proportion of funds within each BRG to prevention for positive individuals. This proportion should be based on the percentage of people living with HIV/AIDS in each particular BRG.

QUESTION: Will the decision to determine how much resource be allocated to prevention for persons living with HIV/AIDS be made in conjunction with the Commission?

ANSWER: These are specific prevention dollars. The Commission focuses on treatment and care and does not have directly funding mechanisms for prevention for positives.

QUESTION: Does the CDC specify a percentage of funds that must be allocated?

ANSWER: No. The CDC recommends that we prioritize persons living with AIDS as a priority population.

QUESTION: Does the State of California require 25% of state HIV Prevention funds are allocated to people living with HIV/AIDS?

ANSWER: It was a recommendation from the State of California to the Office of AIDS Programs and Policy.

QUESTION: What assumptions are made based on Debra Cohen’s spreadsheet?

ANSWER: Debra Cohen attempted to determine the likelihood of any one intervention would avert an infection based on an expansive literature search.

The motion was amended by **Gordon Bunch** and seconded by **Kathy Watt** to eliminate the wording “based on” and replace with “consider”. The amended motion was placed on the floor for discussion.

The amended motion reads: “Allocate a proportion of funds within each BRG to prevention for positive individuals. This proportion should consider the percentage of people living with HIV/AIDS in each particular BRG”.

A “Hand Count” vote was taken; 16 Yes, 0 No and 1 Abstain. **Motion Pass**

▪ Motion #3

Integrate Native American/Alaskan Natives into the BRG model along with other ethnic/racial groups.

Based on a discussion at the PPC Executive Sub-Committee Meeting it was felt that by doing this, we may not be able to significantly impact this population with sufficient funds. This motion was removed.

IX. CDC INDICATORS

Mario Perez walked through the twenty-one (21) indicators Los Angeles County specified in the last application to the CDC for HIV Prevention funding. For these 21 indicators, health jurisdictions must establish baseline and forecast 1 year and 5 year benchmarks. There were nine (9) indicator areas we responded to:

- Community Planning
- Counseling and Testing
- Partner Counseling and Referral Services
- Prevention Case Management for HIV+
- Health Education/Risk Reduction
- Perinatal Transmission
- Evaluation
- Capacity Building

Approximately 2,000 new HIV infections are diagnosed annually in Los Angeles County.

QUESTION: Was it stated that approximately 19% of people who test using PCRS (Partner Counseling and Referral Services) test positive?

ANSWER: Yes

QUESTION: Was it stated, “Very few people offered the test through PCRS take the test”?

ANSWER: YES. Approximately 1,300 were offered the test through PCRS and only 160 accepted the test.

QUESTION: Are the numbers for Counseling and Testing Services broken down for youth services?

ANSWER: No, based on uniform reporting countywide.

X. LUNCH

XI. UPDATE FROM DEPARTMENT OF HEALTH SERVICES PUBLIC HEALTH OFFICER

Dr. Jonathan Fielding, Los Angeles County Director of Public Health and Health Officer, was introduced to the PPC. Some of the key points were:

- The importance of “debunking” myths in the health care field.
- Strongly supports Rapid Testing at confidential and anonymous sites.
- The bridging of STD Programs and Substance Abuse Programs into HIV Prevention
- Emphasizing safer sex practices for HIV- individuals.
- Examine “cost effectiveness” and burdens when prioritizing.

QUESTION: Is it possible for different departments (mental health, substance use, STD, etc.) that impact HIV/AIDS collected the different demographic/population data the same way to compare data sets?

ANSWER: Because of the various mandates for the various programs, the data has not been collected in the same format; however, ADPA is pushing for a uniform reporting system and we are attempting to move in the direction of uniform reporting.

QUESTION:

ANSWER: The cost of treatment for “Hep C” is expensive and the treatment is not effective in a significant number of cases.

QUESTION: Would you be willing to met with Sex Venue Owners to reiterate condoms being present and prevention messages posted in the venues, etc?

ANSWER: I have done that and not satisfied that there is uniform application of the critical issues.

XII. 2003 CRAS SURVEY DATA PRESENTATION

Pamela Ogata presented a Power Point Presentation titled “2003 Countywide Risk Assessment Survey: Findings From a Large Scale Multi-site Survey in Los Angeles County”.

Los Angeles County consists of:

- 4,061 Square Miles
- 9.9 Million Residents (estimated)
- 27% of Proportion of State Population (estimated)
- 35% of Proportion of State AIDS cases (estimated)
- 50,000 – 54,000 Living with HIV/AIDS (estimated)

There are four parts of the CRAS survey: demographic information, drug and alcohol (substance) use, sexual risk behaviors and service utilization. The surveys are administered between May 5, 2003 to July 30, 2003.

CRAS data is based on where person receives services, not where the person resides.

A copy of the power point presentation and the 2003 CRAS survey instrument is on file.

QUESTION: What the Crystal Meth MDM/IDU percentage last year?

ANSWER: CRAS respondents - Not a significant change from last year to this year.

QUESTION: Why was the number of MSM respondents low (slide 15)?

ANSWER: Could be waiting time or non respondent.

QUESTION: Where are the Female IDU respondents?

ANSWER: Specific to CRAS data.

QUESTION: What Programs were associated with the Female IDU data collection?

ANSWER: Currently do have the answer. Can look at contracts.

QUESTION: Can a CRAS respondent be in more than one category?

ANSWER: For this slide, yes.

XIII. PRIORITY SETTING/RESOURCE ALLOCATIONS DISCUSSION

One of the next steps for this body is to define resource allocations. What percentages of funds will be allocated to the different BRGs? As well as recommend/suggest the percentage of funds to be allocated within the racial and ethnic groups, age, HIV serostatus, gender, etc. with behavioral risk groups.

Jeff Bailey posed the following questions to the floor:

1. Does this discussion warrant another PPC meeting this month? Yes.
2. Based on today's discussion, what recommendations would the body like to forward to the Prevention Planning Ad Hoc Sub-Committee regarding the information needed to make informed decisions regarding resource allocations?

Mario Perez posed the following question:

1. In developing the Prevention Plan, which BRGs should be targeted and which interventions are best suited to achieve our prevention objectives within each BRG?

On Tuesday, January 20, 2004, the Prevention Planning Ad Hoc Sub-Committee will determine the criteria on how the different interventions would get prioritized and present that formula to the overall PPC at the Special Meeting on January 22, 2004. Each BRG group would breakout and use the formula to prioritize interventions for that specific BRG.

XIV. COMMUNITY CO-CHAIRS REPORT

Jeff Bailey reported a decision was made at the Executive Sub-Committee to re-engage current members. A letter of Commitment is being circulated to existing members for the next 12 month period.

Vanessa Talamantes reported there is a void in the Joint Public Policy Committee. If anyone is interested in assuming this role, please advise one of the co-chairs.

XV. GOVERNMENTAL CO-CHAIR REPORT

Mario Perez encouraged the providers to review the new CDC announcement (about \$49 million in CDC funds available).

Mario Perez announced a letter will be released advising our providers of a number of counseling and testing items.

XVI. SUB-COMMITTEE REPORTS

- **Prevention Plan Ad Hoc** – Community Forums process expected to begin in February, 2004. Awaiting IRB approval.
- **CHHS Update** – Most of the discussion at the meeting was regarding the Governor's proposed cuts.
- **Youth Leadership** – Current focus is on recruiting youth (24 and under). Youth Leadership web site is up: www.everybodysdoingit.com.
- **Joint Public Policy** – Richard Zaldivar volunteered to attend the Joint Public Policy

XVII. PPC MEMBERSHIP

XVIII. ANNOUNCEMENTS

XIX. CLOSING ROLL CALL

XX. ADJOURNMENT

Note: All agenda items are subject to action.

NOTE: All HIV Prevention Planning Committee (PPC) meeting summaries, tapes and documents are available for review and inspection at Office of AIDS Programs and Policy (OAPP) located at 600 South Commonwealth Avenue, 6th Floor, Los Angeles, CA 90005. To make an appointment to review these documents, please call Cheryl Williams at (213) 351-8126.

cw(PPC01-06-04min) Revd01-16-04